Thank you for taking the first steps to protect you and your loved ones with an estate plan.

This estate planning personal information form is a guide to help us understand your assets and family, so we can provide the best estate planning advice tailored to your circumstances.

Completing the form **before your appointment** will save time and minimise the need for follow-up appointments.

If you have any trouble completing your form, please do not worry; return the document with as much information as you can complete, and we can discuss and gather more information at your appointment.

This form has multiple sections; however, some sections may not apply to you and will not require information.

How to return this form

- You can return an electronic or scanned copy of this form to bsu@publictrustee.tas.gov.au
- You can post the form to GPO Box 1565, Hobart 7001
  (Please allow sufficient time for the document to arrive before your appointment)
- Alternatively, if you are unable to do either of the above options, please drop the document into your local office.

Why does the Public Trustee need this information?

To ensure your estate is distributed the way you intend and to minimise the risk of your Will being challenged, we need to know:

- what assets and liabilities you have;
- how you own assets and
- the estimated value of your assets.

For example – how you own your assets (such as your home or bank account) will determine who you can leave that asset to. Information on the value of your assets or liabilities will help determine if certain gifts are possible or if the estate is distributed 'fairly' or the way you intend.

⚠ ⛔ Important – please read before you continue

If you select **any of the options below, do not continue this form.**
Please call us first on **1800 068 784**.

We need to speak with you before you proceed, as you may require specialised legal advice.

Do any of these apply to you?

☐ **You have a Self-Managed Superannuation Fund (SMSF)**
This means your super is managed through a private trust set up with a legal document called a trust deed. SMSFs have special rules and usually need extra advice.

☐ **You have an existing Family Trust**
This means your assets or income are held in a trust for family members. Family trusts are separate legal arrangements and need careful planning.

☐ **You want someone to live in or use your home for a period of time**
This means you want to give someone the right to live in your home for their lifetime or for a set number of years, even though they may not own it or they own it jointly with you. This is sometimes called a right of residence or life interest.

☐ **You want to set up a Discretionary Trust**
This means you want a trust that gives flexibility over who receives income or assets, often to help protect assets or reduce tax for your beneficiaries.

☐ **You own or are part of a business with other people**
This means you have a business interest in a partnership or a company. These businesses usually have legal agreements that affect what happens when you die.

☐ **You run a sole trader business that will continue after your death**
This means you are the only owner of a business, and you want it to keep operating after you die, rather than winding up on death.

☐ **You own significant assets overseas**
This means you own property or land in another country. Overseas assets are often managed under different laws and can affect your estate planning.

What documents do you want to prepare

You can find out more about these documents on our website.

☐ **Will** – allows you to legally appoint an executor and give instructions for what happens to your assets when you die.

Who would you like to appoint as your executor?

☐ Public Trustee ☐ Another person

☐ **Enduring Power of Attorney** – allows you to legally appoint an attorney who can make financial and legal decisions for you while you are alive.

Who would you like to appoint as your attorney?

☐ Public Trustee ☐ Another person

☐ **Enduring Guardianship** – allows you to legally appoint a guardian who can make medical and personal decisions for you while you are alive (if you can't make these decisions yourself due to incapacity).

Please note you can only appoint an adult family member or friend as your guardian. You cannot appoint the Public Trustee to be your guardian.

Section 1 - Contact Information

CLIENT DETAILS:	CLIENT ONE:	CLIENT TWO:
Title: (e.g. Mr/Mrs/Ms/Dr)		
Surname:		
Given names:		
Also known as name: (if applicable)		
Preferred name:		
Date of birth: (DD/MM/YYYY)		
Occupation:		

RESIDENTIAL ADDRESS:	CLIENT ONE:	CLIENT TWO:
		☐ Please tick this box if the details are the same as Client 1
Street no. and name:		
Suburb:		
State and postcode:		
Postal address:	☐ As Above ☐ Other	☐ As Above ☐ Other

CONTACT DETAILS:	CLIENT ONE:	CLIENT TWO:
Home phone:		
Mobile phone:		
Email:		

YOUR CONTACT PREFERENCES:

We may contact you about your documents or appointments. Your information is protected under the *Personal Information Protection Act 2004*.

After your appointment, we may send you one SMS to ask for quick feedback

Feedback SMS: ☐ Opt out of providing us feedback

We may send occasional updates about seminars, events, or important news from the Public Trustee.

Updates & Events: ☐ Opt out of important updates and event notifications

Section 2 - Relationship

RELATIONSHIP DETAILS:	CLIENT ONE:	CLIENT TWO:
		☐ Please tick this box if the details are the same as Client 1
	☐ **Single**	☐ **Single**
	☐ **Married**	☐ **Married**
Date of Marriage:		
Place of Marriage:		
Name of Spouse:		
	☐ **Significant Relationship (de facto)**	☐ **Significant Relationship (de facto)**
Length of Relationship:		
	☐ **Deed of registered relationship**	☐ **Deed of registered relationship**
Length of Relationship:		
	☐ **Divorced**	☐ **Divorced**
Date of Divorce:		
Place of Divorce:		
Name of Spouse:		
	☐ **Separated**	☐ **Separated**
	☐ **Widowed**	☐ **Widowed**

If you have additional Marriages/Divorces, please state the details on the last page.

Section 3 – Children

Do you have children? ☐ Yes ☐ No (If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
Child 1		☐ Please tick here if the details are the same as Client 1
Child's full name:		
Daughter/ Son:	☐ Daughter ☐ Son	☐ Daughter ☐ Son
Relationship:	☐ Natural Child ☐ Adopted Child ☐ Step Child ☐ Deceased Child	☐ Natural Child ☐ Adopted Child ☐ Step Child ☐ Deceased Child
Date of birth: (DD/MM/YYYY)		
Address:		
Contact phone/email:		
Is this child under a disability?	☐ Yes ☐ No If yes, state disability: _____	☐ Yes ☐ No If yes, state disability: _____
Child 2		☐ Please tick here if the details are the same as Client 1
Child's full name:		
Daughter/ Son:	☐ Daughter ☐ Son	☐ Daughter ☐ Son
Relationship:	☐ Natural Child ☐ Adopted Child ☐ Step Child ☐ Deceased Child	☐ Natural Child ☐ Adopted Child ☐ Step Child ☐ Deceased Child
Date of birth: (DD/MM/YYYY)		
Address:		
Contact phone/email:		
Is this child under a disability?	☐ Yes ☐ No If yes, state disability: _____	☐ Yes ☐ No If yes, state disability: _____
Child 3		☐ Please tick here if the details are the same as Client 1
Child's full name:		
Daughter/ Son:	☐ Daughter ☐ Son	☐ Daughter ☐ Son
Relationship:	☐ Natural Child ☐ Adopted Child ☐ Step Child ☐ Deceased Child	☐ Natural Child ☐ Adopted Child ☐ Step Child ☐ Deceased Child
Date of birth: (DD/MM/YYYY)		
Address:		
Contact phone/email:		
Is this child under a disability?	☐ Yes ☐ No If yes, state disability: _____	☐ Yes ☐ No If yes, state disability: _____

If you have additional children, please state their details on the last page.

Section 4 – Household Goods and Personal Contents

	CLIENT ONE:	CLIENT TWO:
		☐ Please tick the box if the details are the same as Client 1
Brief description of contents:		
How are these assets owned?	☐ solely owned ☐ jointly owned If jointly owned, please state with whom?	☐ solely owned ☐ jointly owned If jointly owned, please state with whom?
Estimated market value?	($)	($)

Please state any additional contents details on the last page

Section 5 – Motor Vehicles, Boats, Campervans etc.

Do you own a vehicle? E.g. Car, boat, campervan etc.	☐ Yes ☐ No (If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
		☐ Please tick the box if the details are the same as Client 1
Description of vehicle(s): E.g. Subaru Forester 2017		
How is the vehicle owned?	☐ solely owned ☐ jointly owned If jointly owned, please state with whom?	☐ solely owned ☐ jointly owned If jointly owned, please state with whom?
Estimated market value?	($)	($)
Do you have money owing against the vehicle?	☐ Yes ☐ No	☐ Yes ☐ No

Do you own any other types of vehicles?	☐ Yes ☐ No (If **yes**, please state additional details on the last page)

Section 6 - Property Details

Do you own real estate? ☐ Yes ☐ No (If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
		☐ Please tick here if the details are the same as Client 1
Street no. And name:		
Suburb:		
State and Postcode:		
How is the property held:	☐ Freehold (own property & land outright) ☐ Leasehold (own property subject to terms)	☐ Freehold (own property & land outright) ☐ Leasehold (own property subject to terms)
Property type:	☐ Principal place of residence ☐ Residential ☐ Commercial ☐ Vacant land	☐ Principal place of residence ☐ Residential ☐ Commercial ☐ Vacant land
How is the property owned?	☐ Sole owner ☐ Joint tenants ☐ Tenants in common	☐ Sole owner ☐ Joint tenants ☐ Tenants in common
	If jointly owned please state with whom?	If jointly owned please state with whom?
	If tenants in common, please state Interest held? %	If tenants in common, please state Interest held? %
Location of title deeds:	☐ At the property ☐ With Public Trustee ☐ Unknown ☐ Other	☐ At the property ☐ With Public Trustee ☐ Unknown ☐ Other
	If other, please state location:	If other, please state location:
Estimated value:	($)	($)
Is there a mortgage over this property?	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, please state	If yes, please state
	Mortgage Financial institution:	Mortgage Financial institution:
	Mortgage outstanding: ($)	Mortgage outstanding: ($)

Do you own more real estate? ☐ Yes ☐ No
(If **yes,** please state the additional property details on the last page)

Section 7 - Bank Accounts and Investments

Do you own a bank or investment account? ☐ Yes ☐ No (If **no,** for both clients please go to the next section)

ACCOUNT 1	**CLIENT ONE:**	**CLIENT TWO:**
		☐ Please tick the box if the details are the same as Client 1
Financial institution:		
How is the account owned?	☐ solely owned ☐ jointly owned	☐ solely owned ☐ jointly owned
	If jointly owned please state with whom?	If jointly owned please state with whom?
Estimated value:	($)	($)

ACCOUNT 2	**CLIENT ONE:**	**CLIENT TWO:**
		☐ Please tick the box if the details are the same as Client 1
Financial institution:		
How is the account owned?	☐ solely owned ☐ jointly owned	☐ solely owned ☐ jointly owned
	If jointly owned please state with whom?	If jointly owned please state with whom?
Estimated value:	($)	($)

Do you own any other accounts or investments? ☐ Yes ☐ No
(If **yes**, please state additional investment details on the last page)

Section 8 - Shares

Do you own any Shares? ☐ Yes ☐ No (If **no,** for both clients please go to the next section)

	CLIENT ONE:	**CLIENT TWO:**
		☐ Please tick the box if the details are the same as Client 1
Share company holdings (e.g. Woolworths, Telstra):		
How are these shares owned?	☐ solely owned ☐ jointly owned	☐ solely owned ☐ jointly owned
	If jointly owned with whom?	If jointly owned with whom?
Estimated value:	($)	($)

Do you own any other Shares? ☐ Yes ☐ No
(If **yes**, please state additional share details on the last page)

Section 9 – Liabilities

Do you have any Liabilities?
E.g. Credit cards

☐ Yes ☐ No
(If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
		☐ Please tick the box if the details are the same as Client 1
Provide details of liability:		
How is the liability *held*?	☐ solely held ☐ jointly held	☐ solely held ☐ jointly held
	If jointly owned please state with whom?	If jointly owned please state with whom?
Estimated value:	($)	($)

Do you have any other liabilities?

☐ Yes ☐ No
(If **yes**, please state additional details on the last page)

Section 10 – Superannuation

Do you have superannuation?

☐ Yes ☐ No (If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
Fund name:		
Account type:	☐ Accumulation ☐ Pension	☐ Accumulation ☐ Pension
Account balance:	($)	($)
Do you have death benefit cover:	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
	If **yes**, please state death benefit cover:	If **yes,** please state death benefit cover:
	$	$
Nomination type:	☐ Binding ☐ Non-binding ☐ No nomination ☐ Unknown	☐ Binding ☐ Non-binding ☐ No nomination ☐ Unknown
Nominated to:	☐ Estate ☐ Named beneficiary (please state details below)	☐ Estate ☐ Named beneficiary (please state details below)
	Name:	Name:
	Relationship to you:	Relationship to you:

Do you have any other superannuation accounts?

☐ Yes ☐ No
(If **yes**, please state additional details on the last page)

Section 11 – Funeral arrangements

Do you have any Funeral arrangements? ☐ Yes ☐ No
(If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
Pre-paid funeral:	☐ Yes ☐ No	☐ Yes ☐ No
Pre-arranged funeral:	☐ Yes ☐ No	☐ Yes ☐ No
Funeral insurance:	☐ Yes ☐ No	☐ Yes ☐ No
Please state the details:		

Section 12– Life Insurance

Do you have Life Insurance? ☐ Yes ☐ No
(If **no,** for both clients please go to the next section)

	CLIENT ONE:	CLIENT TWO:
Fund name:		
Nomination In place:	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
	If **yes**, please state who it is nominated to: ☐ Estate ☐ Named beneficiary (please state details below)	If **yes**, please state who it is nominated to: ☐ Estate ☐ Named beneficiary (please state details below)
	Name:	Name:
	Relationship to you:	Relationship to you:
Insurance cover:	($)	($)

Section 13 – Other Assets:

Do you own any Foreign Assets? ☐ Yes ☐ No
(If **Yes,** please state the details on the last page)

Do you *have* an interest in a business? ☐ Yes ☐ No
(If **Yes,** please state the details on the last page)

What prompted you to make an appointment?

☐ I am a previous client and knew I had to update my document

☐ I did a web search

☐ I had a promotional voucher

☐ I received an email reminder

☐ I went to a seminar — Which one _____

☐ I am a beneficiary of estate

☐ I saw a display ad on social media

☐ a TV/radio ad

☐ A friend recommended me

☐ I picked up a brochure at Service Tasmania

☐ Other _____

Additional information

Please list any additional information here:

(e.g. Additional children, real estate, bank accounts, shares, motor vehicles, superannuation, life insurance, foreign assets, business interests, assets held on trust, interest in a deceased estate or intellectual property rights)

If you need additional room please add more pages.

Click here to send the competed form to the Public Trustee